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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) GTC-43															
<p>I hereby certify that under 37 CFR §1.10 that this correspondence is being deposited on <u>August 7, 2003</u> with the United States Postal Service as Express Mail Post Office to Addressee with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p><u>Kristin Gould</u> Signature</p> <p><u>Kristin Gould</u> Type or Printed Name</p>		In re Application of: Harry Meade et al.															
		Application Number: 09/688,254	Filed: 10/13/00														
		For: Method for Producing a Protein in a Transgenic Animal															
		Art Unit: 1636	Examiner: C. Qian														
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table border="1"><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ 930.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 465.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to change fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 502092.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table border="0"><tbody><tr><td><u>8/7/03</u> Date</td><td><u>Byron V. Olsen</u> Signature</td></tr><tr><td><u>(508) 370-5150</u> Telephone Number</td><td><u>Byron V. Olsen</u> Typed or printed name</td></tr></tbody></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 form is submitted.</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 930.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	<u>8/7/03</u> Date	<u>Byron V. Olsen</u> Signature	<u>(508) 370-5150</u> Telephone Number	<u>Byron V. Olsen</u> Typed or printed name
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$																
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$																
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 930.00																
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$																
<u>8/7/03</u> Date	<u>Byron V. Olsen</u> Signature																
<u>(508) 370-5150</u> Telephone Number	<u>Byron V. Olsen</u> Typed or printed name																

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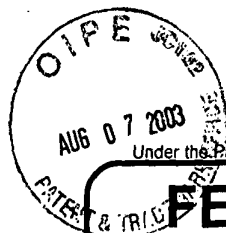
This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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FEE TRANSMITTAL for FY 2003		Complete if Known		
Effective 01/01/2003. Patent fees are subject to annual revision.		Application Number	09/668,254	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	10/13/00	
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Harry Meade	
		Examiner Name	C. Qian	
		Art Unit	1636	
(\$)		126.00	Attorney Docket No.	GTC-43

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502092 Deposit Account Name: GTC Biotherapeutics, Inc.		Large Entity Small Entity	
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Code Fee (\$)	
FEE CALCULATION		Fee Description Fee Paid	
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 750 2001 375 Utility filing fee			
1002 330 2002 165 Design filing fee			
1003 520 2003 260 Plant filing fee			
1004 750 2004 375 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 20** = 20 X Fee from below = 42 = 126			
Independent Claims 6 - 3** = 3 X Fee from below = 42 = 126			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 84 2201 42 Independent claims in excess of 3			
1203 280 2203 140 Multiple dependent claim, if not paid			
1204 84 2204 42 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		126.00	
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Byron V. O'Brien	Registration No. (Attorney/Agent)	42,960
Signature	Byron V. O'Brien	Telephone	(508) 370-5150
		Date	8/7/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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